

Director of Public Health Annual Report 2017/18

SUMMARY

- 1.1 All Directors of Public Health (DPH) in England have a statutory duty to write an Annual Report and the local authority has a duty to publish it.
- 1.2 The Director of Public Health Annual Report (DPHAR) is an independent annual report on the state of the health of the local population.
- 1.3 This DPHAR 2017/18, 'How The Other Half Live' focuses on health inequalities in the Derby population through the fictional portrayal of two families - the Stanley's in Allestree and the Sahota's in Arboretum.
- 1.4 The report discusses health issues and key statistics through a storytelling approach. It explores the families various health trials and tribulations throughout the year, showing individual and family experiences and what they do to try and overcome their problems.
- 1.5 This year's report shows the contrasting health, and the wide gap in health inequalities, between the two wards in Derby where the families live. In addition to the storytelling approach, specific health conditions have been described with sign-posting offered to both local and national support.
- 1.6 The report makes the following recommendations:
 1. Improved decision-making and commissioning: adopting a 'health in all policies' approach by all health and care partners. .
 2. Better use of resources: shift more resource to help people to stay well rather than just treating them when they fall ill.
 3. Adopt 'whole of society' approaches: all partners working in a seamless and co-ordinated way working to improve the health and wellbeing of the local population, in which we all have a role.
 4. Becoming a Marmot city: through being a Marmot city, Coventry, has seen the life expectancy gap between their poorest and most affluent residents reduce as well as improvements in: education; health outcomes; life satisfaction and employment.
 5. Strategic leadership by the Health and Wellbeing Board (HWB): ensuring that reducing inequalities is a priority for the city.

- 1.7 Various health conditions have been covered in this Annual Report and as such are only covered in brief. The next DPH Annual Report will cover specific topics in greater depth and will take the form of a series of bulletins.

RECOMMENDATION

- 2.1 To note the content and publication of the Director of Public Health Annual Report 2017/18.
- 2.2 To actively support the recommendations of the Annual Report as set out in 4.8.

REASONS FOR RECOMMENDATION

- 3.1 For the Health and Wellbeing Board to be informed of the content and proposed publication of the DPH Annual Report on the health of the local population.

SUPPORTING INFORMATION

- 4.1 The Director of Public Health Annual Report (DPHAR) 2017/18, 'How The Other Half Live' is structured with the following chapters: First Words; Family Tree; Starting Well; Living Well; Ageing Well; Last Words. The First Words and Last Words are written in first person by the DPH and act as bookends to the storytelling approach of the central chapters Family Tree up to Ageing Well.
- 4.2 The First Words discusses the inequalities in health and wellbeing in society with reference to the Marmot Review, life expectancy, health spending, the causes of health and social inequalities, and human rights.
- 4.3 The storytelling starts in the Family Tree chapter, where the two families are introduced, the Stanleys and the Sahotas. The Stanley family consists of two ageing grandparents, two parents, and three young children. The parents work long hours, drink more alcohol than average and do not exercise enough. The Sahota family consists of two retired parents, their six children of which many have married, and five grandchildren. The retired parents have some health conditions which encourage their children to take preventative action to avoid ill health.
- 4.4 The Starting Well chapter covers content relating to maternal, child and teenage health. The topics include: maternal health; child health outcomes; vaccinations and immunisations; accidents and injuries; dental health; primary school readiness; childhood obesity; mental health; teenage risky behaviours; starting well inequalities.
- 4.5 The Living Well chapter mainly covers health events relevant to working aged adults. The headings include: diet, physical activity and obesity; heart disease; alcohol consumption; hypertension; smoking; sexual health; screening; local services; employment health and wellbeing; reducing living well inequalities.

- 4.6 The Ageing Well chapter focus is on health conditions commonly concerning older adults of state retirement age. The topics include: long-term conditions; Chronic Obstructive Pulmonary Disease (COPD); residential care; dementia; incontinence; multiple morbidities; falls; loneliness and isolation; social care; life expectancy; Health Housing Hub; Local Area Coordination; green spaces and outdoor activities; ageing well inequalities.
- 4.7 The Last Words chapter reverts back to first person text delivered by the DPH and concludes the health inequalities report with proposed next steps and recommendations.
- 4.8 The recommendations of the DPHAR 2017/18 are:
1. **Improved decision-making and commissioning** - decisions about services and provision should not increase health inequalities and should, ideally, reduce them. To help make sure that this happens, it is recommended that the Health and Wellbeing Board and its constituent members adopt a 'health in all policies' to reduce inequalities and limit disability.
 2. **Better use of resources** - the majority of our local spend on health and wellbeing is used to treat and support people when they are unwell. We could get a lot more 'health' for our money. To do this, we have to make sure we only have in place treatment and services that are evidenced to be effective. We also need to shift more resource to helping people to stay as well as they can be in the first place.
 3. **Adopt 'whole of society' approaches** - all partners working in a seamless and co-ordinated way working to improve the health and wellbeing of the local population, in which we all have a role. We know that health care services are only part of what contributes to our health and wellbeing. Our income, education, employment, housing, for example, significantly impacts on our health and wellbeing – for good or bad. We must, therefore, consider individual and population health and wellbeing in the round.
 4. **Becoming a Marmot city:** through being a Marmot city, Coventry, has seen the life expectancy gap between their poorest and most affluent residents reduce as well as improvements in: education; health outcomes; life satisfaction and employment. It is recommended that we consider what is required to become a Marmot City. This would involve the council and its partners adopting the Marmot principles, from the Marmot Review, Fair Society, Healthy Lives which aim to reduce inequality and improve health outcomes for all.
 5. **Strategic leadership by the Health and Wellbeing Board (HWB):** ensuring that reducing inequalities is a priority for the city. The broad membership of the HWB puts it in a unique position to drive forward the recommendations described above. To ensure that we focus our effort to tackle the health inequalities that have been embedded in the city for many years, the HWB will need to hold to account its members and partnerships such as Joined Up Care Derbyshire in the delivery of these ambitions.

OTHER OPTIONS CONSIDERED

5.1 No other options considered.

This report has been approved by the following officers:

Legal officer Financial officer Human Resources officer Estates/Property officer Service Director(s) Other(s)	Cate Edwynn, Director of Public Health
For more information contact: Background papers: List of appendices:	Leila Whiteley 01332 643118 Leila.Whiteley@derby.gov.uk None Appendix 1 – Implications Appendix 2 – DPHAR 2017/18 How the Other Half Live

IMPLICATIONS

Financial and Value for Money

- 1.1 None.

Legal

- 2.1 Directors of Public Health in Local Government: Roles, Responsibilities and Context (Department of Health, 2013: p.10)

“In general the statutory responsibilities of the DPH are designed to match exactly the corporate public health duties of their local authority. The exception is the annual report on the health of the local population – the DPH has a duty to write a report, whereas the authority’s duty is to publish it (section 73B(5) & (6) of the 2006 Act, inserted by section 31 of the 2012 Act). The content and structure of the report is something to be decided locally.”

Personnel

- 3.1 None.

IT

- 4.1 None.

Equalities Impact

- 5.1 Health inequalities are the focus of the 2017/18 DPHAR. Some amendments to the Director of Public Health Annual Report suggested, these will be fully considered prior to the final publication of the report.

Health and Safety

- 6.1 None.

Environmental Sustainability

- 7.1 None.

Property and Asset Management

- 8.1 None.

Risk Management and Safeguarding

- 9.1 The risks highlighted are around various health inequalities that exist within the city. The report recommendations are primarily to ensure that they don’t continue or worsen.

Corporate objectives and priorities for change

- 10.1 The DPH Annual Report supports the delivery of the corporate objectives, particularly the priority outcome to promote health and wellbeing.